

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application #

Harnett County Dentral Permitting 420 McKinne, Phys Libraton, NC 27548 PO Box 85 Libration, NC 27849 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: TLM Properties of NCLLC	Date 5-17-22
Site Address Cota 1214. Sheriff Johnson Re Lillingto	n Phone 910-984-1042
Subdivision:	Lot 2
Description of Proposed Work: IVEW Const	Total Job Cost 250,000.00
General Contractor information	
Sevenity Built Homes, Inc.	910-984-7042
Building Contractor's Company Name	Telephone '
POBOX 14 MLillington NC27546 Klewrence	
Address (63187)	Email Address
license #	
Description of Work New Const Service Size	7
Description of Work NEW CONST Service Size	00 Amps T-Pole X Yes No
Mabry's Electrical Contractor's Company Name	919-639-4837
73 Mabry Rd Angree NC 2750	Telephone
Address	Email Address
150774	This i Modiess
License #	
Description of Work NEW Const	ation
J. W	
Mechanical Contractor's Company Name	910-897-5501
724 Turlington Rd Dunn NC 28334	Telephone
Address	Email Address
17164	194
License #	
Description of Work New Const	
Jason Baretoot	# Baths d
Plumbing Contractor's Company Name	910-892-473 b
5476 Timothy Rd Dunn NC 28334	Cichione
Address	Email Address
20694 P-1 License #	
insulation Contractor Information	
Insulating Inc 5902 Fajetheville R2 Ralka NC 27103	919-1172-9000
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation

5-17-22 Date

Affida The undersigned applicant be		Compensation N.C.G	S.S. 87-14	
General Contractor	Owner	Officer/Agent of the	: Contractor or Owner	
Do hereby confirm under pena set forth in the permit:	alties of perjury that the	e person(s), firm(s) or cor	rporation(s) performing the work	
Has three (3) or more e	mployees and has ob	tained workers compens	ation insurance to cover them.	
them. Has one (1) or more su	bcontractors(s) and ha	as obtained workers' com	pensation insurance to cover	
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.				
Has no more than two (2) employees and no	subcontractors.		
While working on the project for Department issuing the permit to issuance of the permit and a carrying out the work.	may require certificate	es of coverage of worker's	e componention incurrence print	
Sign w/Title: (Xcen		Data 5-17-22	